



# Washington Department of Fish and Wildlife Wildlife Rehabilitator Grant Application

Please organize your application as outlined below. **Incomplete applications will not be accepted**; all requested materials must be provided.

**DEADLINE: Grant applications must be postmarked no later than February 1, 2013**

Late applications will not be considered. Please send the complete original application plus 5 **additional** copies of the cover letter and application to:

**Patricia Thompson**

**Washington Dept. of Fish and Wildlife**

**16018 Mill Creek Blvd**

**Mill Creek WA, 98012**

## **BACKGROUND CHECK AND FINGER PRINTS FOR THE APPLICANT AND PERSON ADMINISTERING THE GRANT**

*If you provided a Background Check last biennium (2011-2013), you do not need to submit one for this biennium; if you have submitted fingerprints, you do not need to submit them again.*

*You need only provide **one** copy of the Background Check and fingerprints.*

## **PHOTOGRAPHS**

Please include photographs of your facilities and of any facility improvement or construction project that was funded by a previous WDFW Wildlife Rehabilitator Grant.

Please note that the review committee may request a phone interview. A site facility inspection may be required before a final decision is made.

## **Required Materials**

### **A. GRANT APPLICATION COVER LETTER**

Include a brief **one-page or less** summary of your request, include the dollar amount requested, and anticipated outcomes or impact.

### **B. MISSION STATEMENT OF YOUR ORGANIZATION**

### **C. LIST OF BOARD OF DIRECTORS**

### **D. COPY OF WDFW WILDLIFE REHABILITATION PERMIT**

### **E. LETTERS OF SUPPORT FOR THE PROJECT AND/OR FACILITY – NO MORE THAN 3**

Please have letters of support speak to both your facility and the necessity of the specific project or expenses.

**SECTIONS F. THROUGH L. USE THIS FORM ONLY;** other formats or separate pages will not be accepted

F. DOLLAR AMOUNT OF REQUEST: \_\_\_\_\_

G. WILDLIFE REHABILITATION FACILITY NAME: \_\_\_\_\_

H. FACILITY INFORMATION

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

General Phone: \_\_\_\_\_

General Email: \_\_\_\_\_

I. FACILITY PERSONNEL

1. *Person submitting application:* \_\_\_\_\_

Direct phone line: \_\_\_\_\_ Email address: \_\_\_\_\_

Does person submitting the application have a current background check? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please include an official background check if not submitted for last biennium's grant (2011-2013).*

2. *Person administering grant (who will oversee the project):*

Direct phone line: \_\_\_\_\_ Email: \_\_\_\_\_

Does person administering the grant money have a current background check? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please include an official background check if not submitted for last biennium's grant (2011-2013).*

3. *Facility Director:*

Direct phone line: \_\_\_\_\_ Email address: \_\_\_\_\_

J. WILDLIFE REHABILITATION PERMIT

WDFW Wildlife Rehabilitators Permit # \_\_\_\_\_

List those species or animal groups for which you are permitted (raptors, all birds, small mammals, deer only, all species, etc.):


**Federal Migratory Bird Rehabilitation Permit #** if applicable \_\_\_\_\_

*If this project includes marine mammals, please include a copy of your NOAA permit letter.*

#### K. ANNUAL REPORT

Please provide six copies of your most current WDFW Wildlife Rehabilitation Annual Report (Please do not include the Daily Ledger – just the report form.)

#### L. THREATENED AND ENDANGERED SPECIES

What is the approximate percentage of T & E SPECIES you rehabilitate in an average year? \_\_\_\_\_

What T&E species have you rehabilitated in the past 2 year?:


What is the approximate percentage of NON-NATIVE AND RESTRICTED SPECIES (as defined in RCW 77.12.467) you rehabilitate in an average year? \_\_\_\_\_

- Clearly detail how the funds will be separated from the care of any of the restricted animals.
- Clearly detail how restricted species will be cared for without using these funds.

#### M. PROJECT DESCRIPTION PLEASE BE BRIEF. Please limit your description to **one page**.

##### 1. Describe your project or operational need, include

- Goals and Objectives
- Primary use of funding
- Why the funding is needed (justification). (e.g. More Threatened or Endangered species treated; need to euthanize if funding is not received.)
- How will this grant make a difference in your services and operations
- How has this lack thereof been handled in the past? (e.g. Were species turned away; euthanized, etc.? Please be specific “I have had to turn away hundreds of people/animals/T&E’s” does not give us a good enough idea. Be as quantitative as possible.)

##### 2. How are Washington State citizens better served with this grant?

#### N. FACILITY PROCESSES AND PROCEDURES

##### 1. Capture and Immobilization – Medium to large mammals and raptors only

Have any current staff/volunteers completed formal capture or immobilization training courses?

Yes \_\_\_\_\_ No \_\_\_\_\_

In what year was the training completed? \_\_\_\_\_

Name of instructor, company, and/or facility where training was completed: \_\_\_\_\_

**2. Education**

Do you have outreach and education material that you distribute?

Yes \_\_\_\_\_ No \_\_\_\_\_

**(Include copies of one or two handouts)**

**How do you distribute this material?**

**3. Volunteers**

**Do you have an application for volunteers to fill out when they want to work at your facility (include a copy)?**

Yes \_\_\_\_\_ No \_\_\_\_\_ I do not use volunteers \_\_\_\_\_

**If you use volunteers:**

What is your age restriction for volunteers? \_\_\_\_\_

What qualifications do you look for in your volunteers?

How are your volunteers trained ?

Who is the volunteer supervisor?

**4. Networking**

**List names and general titles of WDFW personnel with whom you have worked and cooperated in the last 2 years, and in what capacity was your interaction.**

List names of other rehabilitators with whom you have worked and cooperated in the past.

To what Wildlife Rehabilitator associations or organizations do you belong?

5. **Does the facility have a “good neighbor” plan and what is it?** (How do you keep your surrounding neighbors happy with being next to a wildlife rehabilitation facility?)

**O. PAST WDFW WILDLIFE REHABILITATOR GRANT FUNDING**

Have you or your organization received funding from this grant in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, please tell us:

Year contract was signed \_\_\_\_\_ Amount Awarded \_\_\_\_\_

Year contract was signed \_\_\_\_\_ Amount Awarded \_\_\_\_\_

## P. FINANCIAL STATEMENTS

Please provide copies of:

1. Your facilities budget for the last two years, *or*; 2. Profit and Loss statements with incomes and expenditures for the last two years, *or*; 3. Last two years' Annual or Year-End statements for your facility's dedicated bank account.

## Q. TIME LINE **PLEASE BE SPECIFIC. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A TIMELINE.** Please submit on a separate paper.

**The fiscal biennium ends June 30, 2015; all grant money must be spent by this date.** Provide an outline of what will be accomplished by what date. Identify a recognizable end point, which can occur anytime during the biennium. Focus on how objectives will be attained. **Number your tasks in order on the timeline**, (e.g., Task 1: Mar-Jun 2014 – Building permits secured; Task 2: Jun - Aug 2014 - Materials purchased; etc.). **This section is critical**; it allows us to mutually track the deliverables.

## R. BUDGET/ESTIMATED COSTS

**You must include a line-item budget; YOUR APPLICATION WILL AUTOMATICALLY BE DECLINED IF NO LINE ITEM BUDGET IS INCLUDED IN YOUR APPLICATION.** Please submit on a separate paper.

**Indirect costs are not covered with this grant.**

**Please use separate paper for your Budget Table.**

Use the following categories, as applicable:

- a. **Travel:** lodging, mileage, meals, per individual; use **\$.51/mile** for mileage estimate costs and estimate how many miles you will use within the funding time period.
- b. **Equipment and services:** state quantity; include sales tax.
- c. **Supplies:** costs for routine items needing replenishment throughout time period, state quantities; include sales tax.
- d. **Veterinary:** expenses for services under contract with veterinarians, list names and contact information of veterinarian.
- e. **Other contracted services**
- f. **Permit costs**
- g. **Other:** Items not listed above. *Itemize and include justification.*
- h. **Total Costs:** all added together equals Total Project Cost.

### APPLICATION CHECKLIST

**I have included the original and 5 copies of:**

- \_\_\_\_\_ 1. Cover letter
- \_\_\_\_\_ 2. Mission Statement
- \_\_\_\_\_ 3. List of Board of Directors
- \_\_\_\_\_ 4. WDFW Wildlife Rehabilitation Permit
- \_\_\_\_\_ 5. Letters of Support
- \_\_\_\_\_ 6. Most current WDFW Wildlife Rehabilitation Annual Report
- \_\_\_\_\_ 7. Fully completed application **including** TIME LINE & BUDGET
- \_\_\_\_\_ 8. NOAA permit letter (for marine mammals ONLY)
- \_\_\_\_\_ 9. Copy of background checks if needed
- \_\_\_\_\_ 10. Examples of education and outreach handouts
- \_\_\_\_\_ 11. Volunteer application if you have volunteers
- \_\_\_\_\_ 12. Required financial statements

Successful Grantees are required to submit Quarterly and Annual Reports and any appropriate photographs documenting the project if it is a facilities improvement project.

I agree to follow all State and Federal Wildlife Rehabilitation laws and regulations.

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***Signature***

***Date***

If you have questions, please contact:

Patricia Thompson

Washington Dept. of Fish and Wildlife

16018 Mill Creek Blvd

Mill Creek WA, 98012

425-379-2302

[Patricia.thompson@dfw.wa.gov](mailto:Patricia.thompson@dfw.wa.gov)

*WDFW activities are intended to follow state and federal guidelines for nondiscrimination based on race, creed, color, national origin, age, marital status, sex, sexual orientation, residence, veteran status, and disability.*